

Commonwealth of Kentucky
Kentucky State Board for Proprietary Education
PO Box 1360
Frankfort, Kentucky 40602
502/564-3296, ext. 239

SCHOOL PERSONNEL FORM

Date application is completed: _____

Name of instructor: _____ Date of Birth: _____

Home Address: _____ SSN: ____ - ____ - ____
(Telephone #)

Name of school: _____

Address of school: _____
(Telephone #)

Date of employment: ____/____/____ Specify position: _____

List specific duties to be performed: _____

Explain in **detail** your qualifications for teaching the above listed course(s)

EDUCATION

School Name and Location (Grade, HS, Technical, Trade, College)	Course completed or degree earned (Specify major or Minor Field)	From	To

APPRENTICESHIPS –ON-THE-JOB TRAINING, ETC.

Name and Location	Subjects	From	To

TEACHING EXPERIENCE

Name and Location	Subjects	From	To

EMPLOYMENT RECORD (DO NOT INCLUDE TEACHING)

Name and Address of Employer	Duties-Specify Machines Operation, License Held, Union Card Held, Etc.	From	To

Certification Affidavit

We certify that all information given is true and correct to the best of our knowledge and that all school personnel meet the minimum requirements as set forth in KRS 165A.370.

(Signature of Instructor)

(Date)

(Signature of Authorized School Official)

(Date)